

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

112 24 CLAIME ACEUED PARTI											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
FOR		NUMBI	ER FILED	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE						,	395.00	OR		790.00	
TOTAL CLAIMS			24 minus 20 = * H] [x\$11=	41	OR	x\$22=	XX
INDEPENDENT CLAIMS minus 3 = *] [x41=	,,,,,	OR	x82=	00
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			+270=	
* If th	* If the difference in column 1 is less than zero, enter "0" in column 2							439	OR		MX
						(Z)	´. '	50A.	OR	TOTAL	2.12
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				(Column 3)	_		ENTITY	OR		R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT	, .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.70	Minus	" 24	=		x\$11=		OR	x\$22=	
	Indep endent	·)	Minus	<u> </u>	=]4	x41=		OR	x82=	
	FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM		+135=		OR -	+270=	
	•	(Column 1)		(Caluma 0)	(0-1,	Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		CLAIMS		(Column 2)	(Column 3)	7 -			, ,		
AMENDMENT B	e.	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=		x41=		OR	x82=	
4	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT CL	ĄIМ] [+135=		OR	+270=	
		(Column 1)		(Column 2)	(Column 3)	- L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		CLAIMS	T	(Column 2)	(Column 3)	1 r			,		
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	1	x41=		OR	x82=	
		SENTATION OF]	+135=		OR	+270=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											



NOTICE OF FILING/CLAIM FEE(S) DUE

O ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

	WIIII YOUR
PPLICATION NUMBER: _	09/122088

Total Fee Calculation

		TOTAL PE	e Calculation	on		
•	Fee Code	Total # Claims	Number Extra X	∑ Fœ		
	Sm./Lg.				Fee =	Total
ac Filing F⇔	201/101			Sm. Entity	Lg Entity	<i>T</i> O -
크 Claims >20	203/103	24 -20:	= <u>4</u> x		190	
ependent Claims >3	202/102	3 -3 =			S. J.	<u>000</u>
Dep Claim Present	204/104					
charge	205/105				120	125
ish Translation	139				10	
AL FEE CALCULA	ATTON				·	-
						1008
due upon filing th	e application:					
를 Filing Fees Due :	= 5 10	C8				
Filing Fees Submi	tted - \$					
ANCE DUE	= \$	1008				
of Initial Patent E	xamination					